National Center for
ETHICS
in Health Care

IntegratedEthics®
Facility Workbook

Guide to
Understanding Your Results

2020 Version

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IntegratedEthics® Facility Workbook: Guide to Understanding Your Results

The 2020 version of the IntegratedEthics Facility Workbook (IEFW) and this Guide have been revised and updated to decrease participant time/burden and to avoid duplication of data that are now available through IEWeb. This Guide retains references to key policy requirements from VHA Directive 1004.06, IntegratedEthics® (IE) (issue date: October 24, 2018; amended: May 12, 2020). The Guide continues to allow you to assess IE program practices for policy as well as aspirational aspects of the program that promote the highest standards of overall ethics quality. Each section contains questions that help the IE team identify program strengths and opportunities for improvement (OFI's) that should be considered in the action planning activity at the end of this document. Following each question, you will find applicable references to policy, resources that support the standard, and tools that help meet the standard. The questions and responses in the workbook provide a framework for assessing the degree to which your facility's approaches to improving ethics quality are *comprehensive, systematic, broadly deployed, and/or well-integrated.* As you review your responses, you should identify strong practices to continue, enhance, or apply more broadly, as well as specific ethics quality gaps (OFIs) within your IE program. The focus of your review should address the degree to which your facility's approaches may be insufficiently *comprehensive, systematic, broadly deployed, and/or well-integrated.* Question responses have been constructed to promote discussion of ethics practices and programs and to suggest possible next steps for improvement.

Types of Questions

"Best Response" Questions: For questions that ask you to "mark only one" response, the "best response" is the most *comprehensive, systematic, broadly deployed, and/or well-integrated* approach of the responses offered. In the example below, the shaded response is "best" because it is more systematic than the other options.

"Best Response" Example:

2.2   Which of the following best describes how your facility informs <u>patients and families</u> about the availability of the ethics consultation service at your facility? (<u>Mark only one.</u>)

☐	Patients and families are informed by staff members only when it seems relevant.
☐	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in <u>some</u> units and settings.
☐	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in <u>all</u> units and settings.

"**More Is Better" Questions:** For many questions that ask you to "mark all that apply," the more responses you select, the "better" your approach. For example, the "best" response to question 3.2 would be all of the response options. In this case, multiple responses suggest an approach that is more *comprehensive, systematic, broadly deployed, and/or well-integrated.*

"More Is Better" Example:

3.2 In which of the following areas does at least one individual from the core PE team have a high level of proficiency? (Mark all that apply.)

☐	Knowledge of quality improvement principles and practices
☐	Knowledge of basic statistical literacy
☐	Ethics expertise, including knowledge of internal and external ethical standards and common ethics topics and concepts
☐	Broad knowledge of the health care system
☐	Practical knowledge of the local organization, including how to get things done in that environment
☐	Project management skills
☐	Familiarity with change strategies beyond policy development and education
☐	Ability to communicate comfortably and effectively with the organization's leadership

"Hybrid" Questions: Some questions are a combination of "Best Response" and "More Is Better." These questions may ask you to "mark all that apply," but have some responses that are mutually exclusive. Other hybrid questions have several preferred or "best" responses. For example, in question 4.10, the responses shaded below are "best" because they represent a more *comprehensive, systematic, broadly deployed, and/or well-integrated* approach than the other responses.

"Hybrid" Question Example:

4.10 Which of the following are included in your facility's approach to educating leaders about ethical leadership (as discussed in the Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*)? (Mark all that apply.)

☐	This facility does not have a specific approach to educating leaders about ethical leadership.
☐	Some leaders are offered education about ethical leadership.
☐	All leaders are offered education about ethical leadership.
☐	Some leaders are required to receive education about ethical leadership.
☐	All leaders are required to receive education about ethical leadership.
☐	Some leaders are encouraged to use self-assessment as a means to identify areas of ethical leadership for further development.
☐	All leaders are encouraged to use self-assessment as a means to identify areas of ethical leadership for further development.

Additional Information

Following each question, information is provided that directs you to resources relevant to that question. The majority of materials are available on the IntegratedEthics website: (http://vaww.ethics.va.gov/integratedethics/index.asp).

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Section 1. Overall Ethics Program

Questions

1.1 At your facility, IE Council members include (<u>Mark all that apply.</u>):

☐	The Executive Leadership Council (ELC)
☐	IntegratedEthics Program Officer (IEPO)
☐	Ethics Consultation Coordinator (ECC)
☐	Preventive Ethics Coordinator (PEC)

…and the following senior leaders representing key functions or offices and the following stakeholders. (<u>Mark all that apply.</u>) **Note:** Best response includes senior leaders who regularly encounter ethics concerns, and may include any of the following:

☐	Executive "Quadrad" or equivalent executive senior leadership team member
☐	Quality Management
☐	Patient Safety
☐	Risk Management
☐	Compliance
☐	Clinical Services
☐	Chaplaincy
☐	Human Resources
☐	Social Work
☐	Fiscal
☐	Learning
☐	Research
☐	Veteran Representative
☐	Union Representative
☐	Other_____

<u>Policy reference</u>:

> **VHA Directive 1004.06: Paragraph 6, I (4) (a-e):** Members of the IE Council include facility leaders and senior staff who regularly encounter ethical concerns and are engaged in improving ethics quality at the facility. Membership, which may vary according to the existing governance structure and needs of the facility and its associated sites of care delivery, typically includes: *[See (a-e)]*.

<u>Resource(s) that describe the standard</u>: IE Program Officer's Desk Reference, pp. 7-9.

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1.2 At your facility, which of the following critical success factors did your IE Council address in the last year? (Mark "Yes" or "No" as to whether each factor was addressed by the IE council.):

YES	NO	CRITICAL SUCCESS FACTORS
☐	☐	Integration of the three core functions of the IE program
☐	☐	Integration of the IE program throughout the organization
☐	☐	Leadership support for the IE program
☐	☐	Expertise of the IE program staff
☐	☐	Staff member time for ethics activities
☐	☐	Resources for ethics activities
☐	☐	Access to the ethics consultation service and preventive ethics
☐	☐	Accountability for the IE program
☐	☐	Organizational learning including dissemination of knowledge and experience of EC consult activity, PE storyboards, and ethical leadership actions
☐	☐	Evaluation of the IE program
☐	☐	Policy related to IE program

Resource(s) that describe the standard: IE Program Officer's Desk Reference, Section III, IE Program Operations, and Section IV, Model IE Council Agenda; Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care,* pp.10 – 18 (Critical success factors); Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level,* pp.12 – 19 (Critical success factors).

1.3 At your facility, how are senior leaders (e.g., Service Chiefs or higher) engaged in IntegratedEthics program activities? (Mark all that apply.)

☐	Senior leaders are not engaged in activities of the ethics program.
☐	Senior leaders request information about the activities of the ethics program on an *ad hoc* basis.
☐	Senior leaders require routine reporting about the activities of the ethics program (e.g., through presentations to a top corporate decision-making body or through written reports).
☐	Senior leaders directly observe or participate in the ethics program (e.g., attend ethics program meetings, chair the IntegratedEthics Council).
☐	Senior leaders participate in specially designed IE Ethical Leadership activities (e.g., Ethical Leadership Self-Assessment Tool or Ethical Leadership group training activities).

Policy reference:

> **VHA Directive 1004.06: Paragraph 6, h.:** VA Medical Facility Director. The VA medical facility Director is responsible for: (4) Championing IE and generating support and engagement for IE from the leaders in the facility.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture,* p. 38 (Champion the program).

Tool(s) to help meet the standard: Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

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1.4 At your facility, which of the following approaches are used to educate staff members about how to recognize and respond to ethical concerns? (Mark all that apply.)

☐	Our facility has no formal approach to educating staff members in all units/departments in the facility about how to recognize and respond to ethical concerns.
☐	Our facility <u>offers</u> education for <u>new</u> staff members about how to recognize and respond to ethical concerns.
☐	Our facility <u>requires</u> education for <u>new</u> staff members about how to recognize and respond to ethical concerns.
☐	Our facility <u>offers</u> education for staff members in <u>some</u> units/departments in the facility about how to recognize and respond to ethical concerns.
☐	Our facility <u>requires</u> education for staff members in <u>some</u> units/departments in the facility about how to recognize and respond to ethical concerns.
☐	Our facility <u>offers</u> education for staff members in <u>all</u> units/departments in the facility about how to recognize and respond to ethical concerns.
☐	Our facility <u>requires</u> education for staff members in <u>all</u> units/departments in the facility about how to recognize and respond to ethical concerns.

Policy reference:

> **VHA Directive 1004.06: Paragraph 6, i. (5) (j):** The IE Council is charged with… ensuring …education on how to recognize ethical concerns is readily available to all facility staff.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture,* pp. 23 – 25 (Prove that ethics matters to you)*; Primer – Ethics Consultation: Responding to Ethics Questions in Health Care,* pp. 14 – 15 (Critical success factors – access).

Tool(s) to help meet the standard: IntegratedEthics online learning module, "Ethics in Health Care"; Employee Ethics Tips Pamphlet.

1.5 Which of the following describe how senior leaders at your facility ensure adequate IE staff member time for ethics activities? (Mark all that apply):*

☐	Our facility has no formal approach to ensuring adequate staff member time for ethics activities.
☐	Our facility provides information regarding duties, activities, and expected time commitment when recruiting IE staff members.
☐	Our facility uses written service agreements signed by IE staff members' supervisors and appointment letters signed by facility leadership when someone is appointed to an IE staff role.
☐	There is formal language supporting ethics program activities in each IE staff member's position description (PD) and performance plans (PD).
☐	Our facility provides each IE staff member with dedicated time for ethics program activity (e.g., set % FTE).
☐	Our facility has formal IE program job title(s)/position(s) (e.g., Health Care Ethicist; IE Program Officer).
☐	Other (specify):

*Note: Q1.5 is a new question that was not in previous versions of the IE Facility Workbook.

Policy reference:

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> **VHA Directive 1004.06: Paragraph 6, h. (9) (a-c):** The VA medical facility Director is responsible for: (9) Ensuring appropriate and adequate resources are allocated to support the IE program, including: (a) Ensuring the IEPO has adequate resources for management of the IE program and that the IEPO receives protected time to manage the IE program effectively. (b) Ensuring the ECC has adequate resources for management of the Ethics Consultation Service and that ECCs and ethics consultants receive protected time to perform their role effectively. (c) Ensuring the PEC has adequate resources for management of PE Teams and PE team members receive protected time to perform their role effectively.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture,* pp. 37 – 39 (Support your local ethics program).

1.6 One or more individuals are held accountable through a performance review that explicitly addresses (Mark "Yes" or "No" for each IE role.):

☐ Yes	☐ No	ELC Role
☐ Yes	☐ No	IEPO Role
☐ Yes	☐ No	ECC Role
☐ Yes	☐ No	PEC Role

Policy reference:

> **VHA Directive 1004.06: Paragraph 6, h. (10):** The VA medical facility Director is responsible for: (10) Ensuring that designated IE staff has performance plans that include clear delineation of IE-related responsibilities.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture,* p. 39 (Support your local ethics program).

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Section 2. Ethics Consultation

Questions

2.1   Which of the following describes how ethics consultants in your facility learn to perform ethics consultation? (<u>Mark all that apply.</u>)

☐	Ethics consultants learn only through self-study.
☐	Ethics consultants learn by observing more experienced members.
☐	Ethics consultants learn by receiving specific performance feedback from more experienced members.
☐	Ethics consultants learn by receiving feedback from requesters and/or patients, families, or surrogates.
☐	Ethics consultants learn commensurately with their responsibilities by completing the following: reading the EC Primer, watching the two-hour video course, completing the ECPAT, and viewing the online IEWeb learning module in TMS.
☐	Ethics consultants learn by following a specific plan for continuous professional knowledge and skill development created in collaboration with their ECC and based on their ECPAT.

Policy reference:

> **VHA Directive 1004.06: Paragraph 6, I.(6) (a) – (e):** The Ethics Consultation Coordinator (ECC) is responsible for ensuring that before ethics consultants work independently on a consult or enter information into IEWeb, they have at minimum: *[they must complete recommended steps (a) – (e)].*

Resource(s) that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care,* pp. 5 – 18 (Introduction to ethics consultation); Video – Ethics consultation video course.

Tool(s) to help meet the standard: Ethics Consultation Feedback Tool; Ethics Consultant Proficiency Assessment Tool; IEWeb online learning module in TMS.

2.2   Which of the following best describes how your facility informs <u>patients and families</u> about the availability of the ethics consultation service at your facility? (<u>Mark only one.</u>)

☐	Patients and families are informed by staff members only when it seems relevant.
☐	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in <u>some</u> units and settings.
☐	Written information about the service (e.g., brochures, newsletters, posters) is readily available to patients and families in <u>all</u> units and settings.

Resource(s) that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care,* pp. 14 – 15 (Critical success factors – access).

2.3   Which of the following best describes how your facility informs <u>staff</u> members about the availability of the ethics consultation service at your facility? (<u>Mark only one.</u>)

☐	Staff members are generally not informed.
☐	Staff members are informed through word of mouth on an *ad hoc* basis.
☐	Information about the service is readily available through some regular mechanism(s) (e.g., brochures, newsletters, posters) to staff members in <u>some</u> departments, units, and settings.

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☐	Information about the service is readily available through some regular mechanism(s) (e.g., brochures, newsletters, posters) to staff members in all departments, units, and settings.

Resource(s) that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care,* pp. 14 – 15 (Critical success factors – access).

Tool(s) to help meet the standard: Employee Ethics Tips Pamphlet.

2.4   Which of the following approaches best describes how your facility evaluates the ethics consultation service? (Mark only one.)

☐	Our service is not evaluated.
☐	Our service is occasionally evaluated on the following factors:
☐	Our service is regularly evaluated on the following factors:

☒   **For each factor in the table below, mark "yes" or "no" as to whether the factor is evaluated.**

YES	NO	FACTORS EVALUATED
☐	☐	Integration: the ethics consultation service is well integrated with other components of the organization (i.e., utilized by multiple services and programs at your facility).
☐	☐	Leadership support: the ethics consultation service is adequately supported by leadership.
☐	☐	Expertise: ethics consultants have the knowledge and skills required to perform ethics consultation competently.
☐	☐	Staff member time: ethics consultants have adequate time to perform ethics consultation effectively.
☐	☐	Resources: ethics consultants have ready access to the resources they need.
☐	☐	Access: the ethics consultation service can be reached in a timely way by those it serves.
☐	☐	Accountability: there is clear accountability for ethics consultation within the facility's reporting hierarchy.
☐	☐	Organizational learning: the ethics consultation service disseminates its experience and findings effectively.
☐	☐	Evaluation: the ethics consultation service continuously improves the quality of its work through systematic assessment.
☐	☐	Policy: the structure, function, and processes of ethics consultation are formalized in institutional policy.
☐	☐	CASES approach: ethics case consultations are performed in accordance with the "CASES" approach (as outlined in the IntegratedEthics primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*).
☐	☐	Goals: the ethics consultation service meets its professed goals.

Policy reference:

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> **VHA Directive 1004.06: Paragraph 6 (10) (a) – (d):** The Ethics Consultation Coordinator (ECC) is responsible for developing and implementing quality improvement plans for the EC function based on the systematic evaluation of the EC function using, at a minimum, the following approved NCEHC tools (see Appendix. A): *[See (a) – (d)]*.

Resource(s) that describe the standard: Primer – *Ethics Consultation: Responding to Ethics Questions in Health Care*, pp.10 – 18 (Critical success factors).

Tool(s) to help meet the standard: Ethics Consultant Proficiency Assessment Tool (EC PAT); Ethics Consultation Service Proficiency Assessment Tool (EC SPAT); Ethics Consultation Feedback Tool; IEWeb Ethics Consultation Reports.

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Section 3. Preventive Ethics

Questions

3.1   Which of the following are included in your facility's approach to educating the core PE team to perform preventive ethics activities (as discussed in the Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*)? (<u>Mark all that apply.</u>)

☐	Our facility does not provide education on preventive ethics to core PE team members who perform preventive ethics activities.
☐	<u>Some</u> core PE team members who perform preventive ethics activities are <u>offered</u> education on preventive ethics.
☐	<u>All</u> core PE team members who perform preventive ethics activities are <u>offered</u> education on preventive ethics.
☐	<u>Some</u> core PE team members who perform preventive ethics activities are <u>required</u> to receive education on preventive ethics.
☐	<u>All</u> core PE team members who perform preventive ethics activities are <u>required</u> to receive education on preventive ethics.

Policy reference:

> **VHA Directive 1004.06: Paragraph 6 n. (d) 1 and (2).** The Preventive Ethics Coordinator (PEC) is responsible for ensuring that before PE team members address an ethics quality gap using ISSUES or another quality improvement approach, they have: (a) Read the PE primer, and (b) Completed the 2-hour PE video course, including the exercises.

Resource(s) that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level,* p. 15-16 (Critical success factors – resources).

Tool(s) to help meet the standard: Preventive ethics video course; IntegratedEthics online learning modules.

3.2   In which of the following areas does at least one individual from the core PE team have a high level of proficiency? (<u>Mark all that apply.</u>)

☐	Knowledge of quality improvement principles and practices
☐	Knowledge of basic statistical literacy
☐	Ethics expertise, including knowledge of internal and external ethical standards and common ethics topics and concepts
☐	Broad knowledge of the health care system
☐	Practical knowledge of the local organization, including how to get things done in that environment
☐	Project management skills
☐	Familiarity with change strategies beyond policy development and education
☐	Ability to communicate comfortably and effectively with the organization's leadership

Policy reference:

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> **VHA Directive 1004.06: Paragraph 6, n. (7):** The Preventive Ethics Coordinator (PEC) is responsible for…ensuring that the PE Team consists of, or has access to, individuals with adequate subject matter expertise to address facility ethics quality gaps through a quality improvement approach …, including specialized expertise in health care ethics.

Resource(s) that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, p.12 (proficiencies), p. 14-15 (Critical success factors – expertise).

Tool(s) to help meet the standard: IntegratedEthics online learning modules.

3.3 Which sources does the individual responsible for preventive ethics (e.g., Preventive Ethics Coordinator) routinely contact to identify ethical issues that may benefit from a preventive ethics approach? (Mark all that apply.)

☐	No sources are routinely contacted.
☐	Our facility's Ethics Consultation Service
☐	Senior management/executive leadership body
☐	IntegratedEthics Council (facility-level)
☐	Quality Management
☐	Risk Management
☐	Patient Advocates
☐	Patient Safety
☐	Compliance and Business Integrity
☐	EEO Officer
☐	Fiscal Service
☐	Human Resources
☐	Union Officers
☐	Privacy Officers
☐	Research Service
☐	Service leaders/program heads
☐	VISN IE Point of Contact
☐	Front line staff

Resource(s) that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, p. 16 (Critical success factors – access).

3.4 Which approaches are used at your facility to disseminate information about preventive ethics activities, including "lessons learned" (e.g., PE marketing activities)? (Mark all that apply.)

☐	No information is disseminated to staff within the facility.
☐	Information is disseminated at IE Council meetings.
☐	Information is disseminated at senior executive meetings.
☐	Information is provided to targeted areas/groups based on content of the improvement cycle or other PE activity.
☐	Information is presented through newsletters, all-staff emails, or reports.
☐	Information is disseminated at managers' meetings.
☐	Information is disseminated at staff meetings.

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☐	Information is presented on posters or bulletin boards.
☐	Information is presented during planned events (e.g., quality fair, Compliance and Ethics Week).

Policy reference:

> **VHA Directive 1004.06: Paragraph 6, n. (14):** The Preventive Ethics Coordinator (PEC) is responsible for… contributing to organizational learning through the dissemination and exchange of results of PE activities (e.g., presentations or posting storyboards).

Resource(s) that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, pp. 17 – 18 (Critical success factors – organizational learning), and pp. 47 – 48 (Step 6: Sustain and Spread).

Tool(s) to help meet the standard: IEWeb PE Project Records and Reports.

3.5 Which of the following best describes how your facility evaluates preventive ethics? (Mark only one.)

☐	Our facility does not evaluate preventive ethics.
☐	Our facility occasionally evaluates the preventive ethics program on the following factors:
☐	Our facility routinely evaluates the preventive ethics program on the following factors (e.g., annually, quarterly):

⊠ **In the table below, mark "yes" or "no" as to whether the factor is evaluated.**

YES	NO	FACTORS EVALUATED
☐	☐	Integration: preventive ethics is well-integrated with other ethics-related activities in the facility.
☐	☐	Leadership support: preventive ethics is adequately supported by leadership.
☐	☐	Expertise: individuals performing preventive ethics have the required knowledge and skills to perform preventive ethics competently.
☐	☐	Staff member time: individuals performing preventive ethics have adequate time to perform preventive ethics effectively.
☐	☐	Resources: individuals performing preventive ethics have ready access to the resources they need.
☐	☐	Access: staff members know when and how to refer issues to those responsible for performing preventive ethics.
☐	☐	Accountability: there is clear accountability for preventive ethics within the facility's reporting hierarchy.
☐	☐	Organizational learning: those responsible for preventive ethics disseminate their experience and findings effectively.
☐	☐	Evaluation: those responsible for preventive ethics continuously improve the quality of their work through systematic assessment.
☐	☐	Policy: the structure, function, and processes of preventive ethics are formalized in institutional policy.
☐	☐	Lean approach: ethics issues are addressed in accordance with the Lean approach.
☐	☐	Goals: preventive ethics is meeting its professed goals.

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Policy reference:

> **VHA Directive 1004.06: Paragraph 6, n. (6) (a – b):** The Preventive Ethics Coordinator (PEC) is responsible for…developing and implementing quality improvement plans for the PE function based on the systematic evaluation of the PE function using, at a minimum, the following approved NCEHC tools (for relevant materials, see (a) and (b): (a) The IE Facility Workbook, and (b) Review of facility PE storyboards.

Resource(s) that describe the standard: Primer – *Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level*, pp.18 – 20 (Critical success factors – evaluation), pp. 44 – 46 (Step 5: Evaluate and Adjust).

Tool(s) to help meet the standard: IEWeb PE Project Records and Reports.

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Section 4. Ethical Leadership

Questions

4.1   For IE staff who perform Ethical Leadership (EL) function-related activities (e.g., EL training, EL improvement activities), please indicate the following:

At my facility, the EL function is organized as follows (<u>Mark only one</u>.):

☐	A single individual performs EL-related activities.
☐	An ad hoc work group occasionally performs EL-related activities.
☐	The IE Council oversees all EL activities.
☐	A standing IE Council subcommittee performs EL-related activities.

Resource(s) that describe the standard: IE Program Officer's Desk Reference, III.C. Leadership Engagement and Support, p. 20.

4.2   Which of the following describe how senior leaders (e.g., Service Chiefs or higher) at your facility are accountable for the IE program? Senior leaders (<u>Mark all that apply.</u>):

☐	Know what the ethics program is and what it does, i.e., senior leaders can explain the fundamental concepts of IE, including the iceberg concept and the role of the three functions
☐	Keep up to date on the activities of the program as well as the specific activities of each function
☐	Support the program's efforts to assess and improve its services
☐	Interact regularly with members of the program to respond to their needs
☐	Request feedback about the quality and effectiveness of the program and any suggestions for change
☐	Establish clear lines of authority and accountability for the ethics program
☐	Designate or hire staff needed for key program roles
☐	Monitor program performance to determine whether it is meeting its goals

Policy reference:

> **VHA Directive 1004.06: Paragraph 6. h.:** Responsibilities of the Facility Director; Paragraph 6. j., Responsibilities of the Ethical Leadership Coordinator; and Paragraph 6. p., Responsibilities of all VHA Leaders.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment and Culture.*

Tool(s) to help meet the standard: Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.3   Which of the following describe how senior leaders (e.g., Service Chiefs or higher) at your facility support the IE program? Senior leaders (<u>Mark all that apply.</u>):

☐	Emphasize the program's role in helping employees instead of policing them
☐	Contact the ethics consultation service with specific ethics questions or concerns as needed

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☐	Work with the preventive ethics team as needed to address ethics quality gaps in their area of responsibility
☐	Participate in education sponsored by the ethics program
☐	React positively when the ethics program seeks senior leader input
☐	Encourage other senior leaders to participate in the IntegratedEthics program
☐	Direct employees to the IntegratedEthics Council, the ethics consultation service, or the preventive ethics team when appropriate
☐	Urge employees to participate in education sponsored by the ethics program

Policy reference:

> **VHA Directive 1004.06: Paragraph 6. h.:** Responsibilities of the Facility Director; Paragraph 6. j., Responsibilities of the Ethical Leadership Coordinator; and Paragraph 6. p., Responsibilities of all VHA Leaders.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture.*

Tool(s) to help meet the standard: Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.4   At your facility, which approaches do senior leaders (e.g., Service Chiefs or higher) commonly use to communicate specific expectations for ethical practices, e.g., by sharing organizational values when requiring actions from staff? (Mark all that apply.)

☐	Oral communication by leaders (e.g., staff meetings, town hall meetings)
☐	Written communication by leaders (e.g., executive memoranda or policies)
☐	New employee orientation
☐	Information is provided during events (e.g., ethics rounds, quality fair, and ethics week).

Policy reference:

> **VHA Directive 1004.06: Paragraph 6. p., Responsibilities of All VHA Leaders, b.:** Communicating clear expectations for ethical practice by recognizing when expectations need to be clarified, stating expectations explicitly, using examples to clarify expectations, and explaining the values underlying their decisions. VHA leaders must ensure their expectations are reasonable and attainable, and anticipate and address barriers to meeting their expectations.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 27 – 30 (Point 2: Communicate clear expectations for ethical practice); Video – Ethical leadership video course.

Tool(s) to help meet the standard: Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.5   At your facility, in what ways are ethical practices acknowledged and reinforced by leaders? (Mark all that apply.)

☐	Ethical practices are acknowledged on an *ad hoc* basis (e.g., feedback to an individual employee).
☐	Ethical practices are formally acknowledged (e.g., recognition at staff meetings).
☐	Ethical practices are identified in employees' performance plans.

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☐	Ethical practices are acknowledged through ethics recognition or integrity awards.
☐	There is zero tolerance for unethical practices.

Policy reference:

> **VHA Directive 1004.06: Paragraph 6. p., Responsibilities of all VHA Leaders, a. (1):** (b) Adding ethics-related items to performance plans and reviews. (c) Rewarding staff, explicitly and visibly, for their contributions to promoting ethical practice. (d) Providing positive feedback and proactively following up when ethical concerns are raised.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 17 – 19 (How do leaders affect their organization's ethical environment and culture?); Video – Ethical leadership video course.

Tool(s) to help meet the standard: Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.6   How does your <u>top</u> corporate decision-making body(ies) (e.g., Executive Leadership Council, Executive Leadership Board, Clinical Executive Board, etc.) ensure that they adequately consider the ethical aspects of major decisions? (<u>Mark all that apply.</u>)

☐	This corporate decision-making body has no formal mechanism to ensure that it considers ethical aspects of major decisions.
☐	This corporate decision-making body includes a member with recognized expertise in ethics.
☐	This corporate decision-making body refers ethical concerns or issues to the facility's ethics committee or IntegratedEthics program.
☐	This corporate decision-making body uses a decision-making model or template that prompts it to consider the ethical aspects of major decisions.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 31 – 34 (Identify decisions that raise ethical concerns; address ethical decisions systematically); Video – Ethical leadership video course.

Tool(s) to help meet the standard: Triage Tool for Ethics-Related Leadership Decisions; Ethics Quality Check; Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.7   At your facility, how do leaders involve <u>patients and/or Veteran representatives (e.g., Veterans Service Organizations, patient groups, etc.)</u> in making major organizational decisions that affect Veterans and have ethical implications (e.g., closing a patient care unit)? (<u>Mark only one.</u>)

☐	Patients and/or Veteran representatives are not involved.
☐	Patients and/or Veteran representatives may express their views in an unplanned or *ad hoc* manner.
☐	Patients and/or Veteran representatives are occasionally invited or asked to express their views.
☐	Patients and/or Veteran representatives participate routinely in the decision-making process.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 32 – 34 (Address ethical decisions systematically).

Tool(s) to help meet the standard: Triage Tool for Ethics-Related Leadership Decisions; Ethics Quality Check; Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

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4.8 At your facility, how do leaders involve staff members in major organizational decisions that have ethical implications (e.g., reorganizing business units)? (<u>Mark only one.</u>)

☐	Staff members are not involved.
☐	Staff members may express their views in an unplanned or *ad hoc* manner.
☐	Staff members are invited or asked to express their views on an *as needed* basis.
☐	Staff members participate routinely in the decision-making process.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 32 – 34 (Address ethical decisions systematically); Video – Ethical leadership video course.

Tool(s) to help meet the standard: Triage Tool for Ethics-Related Leadership Decisions; Ethics Quality Check; Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.9 Consider recent (within the last year) <u>major decisions</u> made by leaders at your facility that had ethical implications for staff members and/or patients (e.g., closing a patient care unit, implementing a significant change in procedures). Which approaches were used to **explain** the decision? (<u>Mark all that apply.</u>)

Identify the decision here: _____

4.9a Staff

☐	No explanation for the decision was provided to the affected staff members.
☐	Leaders provided the affected staff members with a justification for the final decision based on the organization's values.
☐	Leaders explained the pros and cons of the options considered to the affected staff members.
☐	Leaders informed the affected staff members about the process used in making the decision, including who had input into the decision.

4.9b Patients and/or Veteran Representatives

☐	No explanation for the decision was provided to patients and/or Veteran representatives.
☐	Leaders provided patients and/or Veteran representatives with a justification for the final decision based on the organization's values.
☐	Leaders explained the pros and cons of the options considered to patients and/or Veteran representatives.
☐	Leaders informed patients and/or Veteran representatives about the process used in making the decision, including who had input into the decision.

Policy reference:

> **VHA Directive 1004.06: Paragraph 6. p. (3), Responsibilities of all VHA Leaders (a-f):** Practicing ethical decision making by identifying when decisions raise significant ethical concerns, addressing ethical decisions systematically, and explaining to individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Ethical decision-making requires that leaders: *[See (a-f)]*.

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Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture*, pp. 35 – 36 (Explain your decisions).

Tool(s) to help meet the standard: Triage Tool for Ethics-Related Leadership Decisions; Ethics Quality Check; Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips.

4.10 Which of the following are included in your facility's approach to educating leaders about ethical leadership (as discussed in the Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture)*? (<u>Mark all that apply.</u>)

☐	This facility does not have a specific approach to educating leaders about ethical leadership.
☐	Some leaders are <u>offered</u> education about ethical leadership.
☐	All leaders are <u>offered</u> education about ethical leadership.
☐	Some leaders are <u>required</u> to receive education about ethical leadership.
☐	All leaders are <u>required</u> to receive education about ethical leadership.
☐	Some leaders are <u>encouraged</u> to use self-assessment as a means to identify areas of ethical leadership for further development.
☐	All leaders are <u>encouraged</u> to use self-assessment as a means to identify areas of ethical leadership for further development.

Resource(s) that describe the standard: Primer – *Ethical Leadership: Fostering an Ethical Environment & Culture,* pp. 23 – 25 (Prove that ethics matters to you).

Tool(s) to help meet the standard: Ethical leadership video course; Ethical Leadership Self-Assessment Tool; Ethical Leadership Tips; Ethical Leadership Curriculum.

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Action Plan

Once you have completed the IE Facility Workbook questions, complete this Action Plan or develop your own method to identify and prioritize opportunities for improvement. You may also wish to use the IE Facility Workbook Analysis Tool, which was developed to help you identify IE program strengths and weaknesses, prioritize among identified improvement opportunities, and select a limited list of items to work on in a single year for each question in the four IEFW sections. You can also use the IEFW Analysis Tool to annually summarize the results of IEFW discussions, track changes that have occurred since the prior year, and document action plans and the timeframes for completion of actions to improve your IE program.

1. Begin by noting particular strong practices, recognizing what your IE program has done well and the efforts that led to those successes. List these IE program strong practices in **Table 1** below, and consider which to continue, enhance, or apply more broadly.

2. Next, in **Table 2** below, identify program elements that do not meet the requirements found in the IE Directive; these will be top-priority improvement opportunities. Then, list other areas where the program is not performing best practices. Prioritize all opportunities for improvement, based on what is most critical for your IE program's development, and select the ones that you can realistically accomplish in the coming year.

3. For each chosen element, identify several concrete steps you will take to improve your IE program. Leave a little room after each action step so you can record who will be responsible for the action (and by when) in the follow-up discussion. Monitor and review progress regularly to help your IE program assess whether you have achieved your improvement objectives.

Table 1

IE Program Strong Practices	
Strong Practices by Section	**Continue, Enhance, or Apply Activity More Broadly?**
Overall IE Program •	
Ethics Consultation •	
Preventive Ethics •	
Ethical Leadership •	

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Table 2

Prioritize IE Program Opportunities for Improvement	
Opportunities for Improvement (OFI) by Section	**Priority Level: 1 = low, 5 = high**

Overall IE Program
   • IE Directive OFIs
   • Other OFIs	

Ethics Consultation
   • IE Directive OFIs
   • Other OFIs	

Preventive Ethics
   • IE Directive OFIs
   • Other OFIs	

Ethical Leadership
   • IE Directive OFIs
   • Other OFIs	

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